



## Application Data Sheet

### **Application Information**

Application number:: 10/665,974  
Filing Date:: 09/18/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: METHODS AND APPARATUS FOR  
TREATMENT OF PATENT FORAMEN OVALE  
Attorney Docket Number:: 022128-000300US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: MARK  
Middle Name:: E.  
Family Name:: DEEM  
Name Suffix::  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 685 Sierra Avenue  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: HANSON  
Middle Name::  
Family Name:: GIFFORD  
Name Suffix:: III  
City of Residence:: Woodside  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3180 Woodside Rd.  
City of Mailing Address:: Woodside  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: WILLIAM  
Middle Name::  
Family Name:: MALECKI  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 510 Clayton Street.  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94117

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: KENNETH  
Middle Name::  
Family Name:: HORNE  
Name Suffix::  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 926 Bautista Court  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94303

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/490,082	07/24/03
10/665,974	An Appn claiming benefit under 35 USC 119(e) of	60/478,035	06/11/03
10/665,974	An Appn claiming benefit under 35 USC 119(e) of	60/458,854	03/27/03

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name:: CIERRA, INC.  
Street of mailing address:: 604-D FIFTH AVE.  
City of mailing address:: REDWOOD CITY  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94063